

New Hampshire Coronavirus Disease 2019 (COVID-19) Education and Childcare Partner Call

December 1, 2021

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Education and Childcare Partner Calls

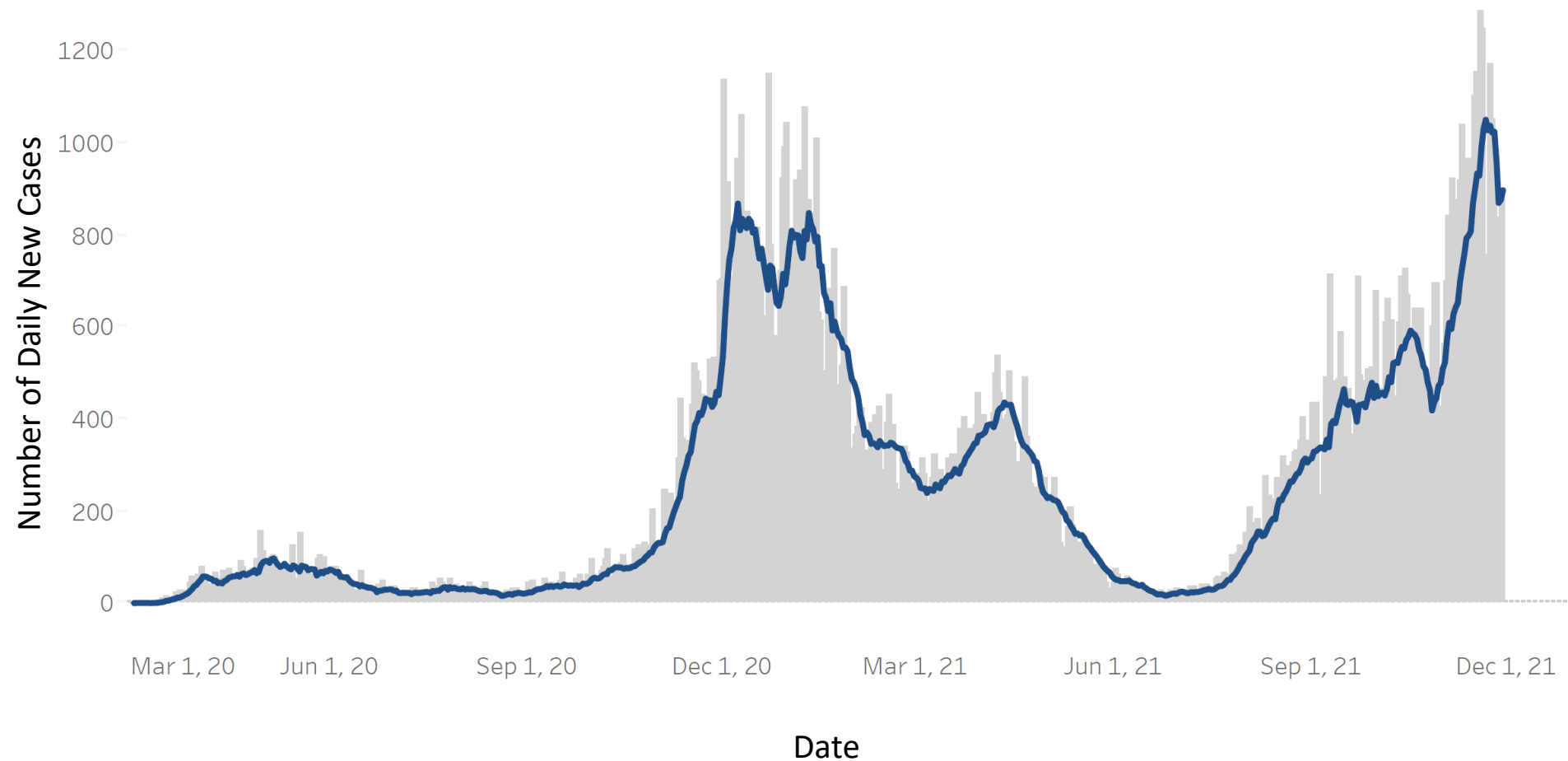
- 1st and 3rd Wednesday of each month from 3:30-4:30 pm
- The Wednesday 12/15 webinar/call is being cancelled
- The next education and childcare partner webinar/call will occur on 1/5/2022
- Webinar/call information:
 - Zoom link: <https://nh-dhhs.zoom.us/j/98062195081>
 - Webinar ID: 980 6219 5081
 - Passcode: 197445
 - Telephone: 646-558-8656

Agenda

- Epidemiology update
- Testing update
- Electronic/online COVID-19 reporting
- Q&A

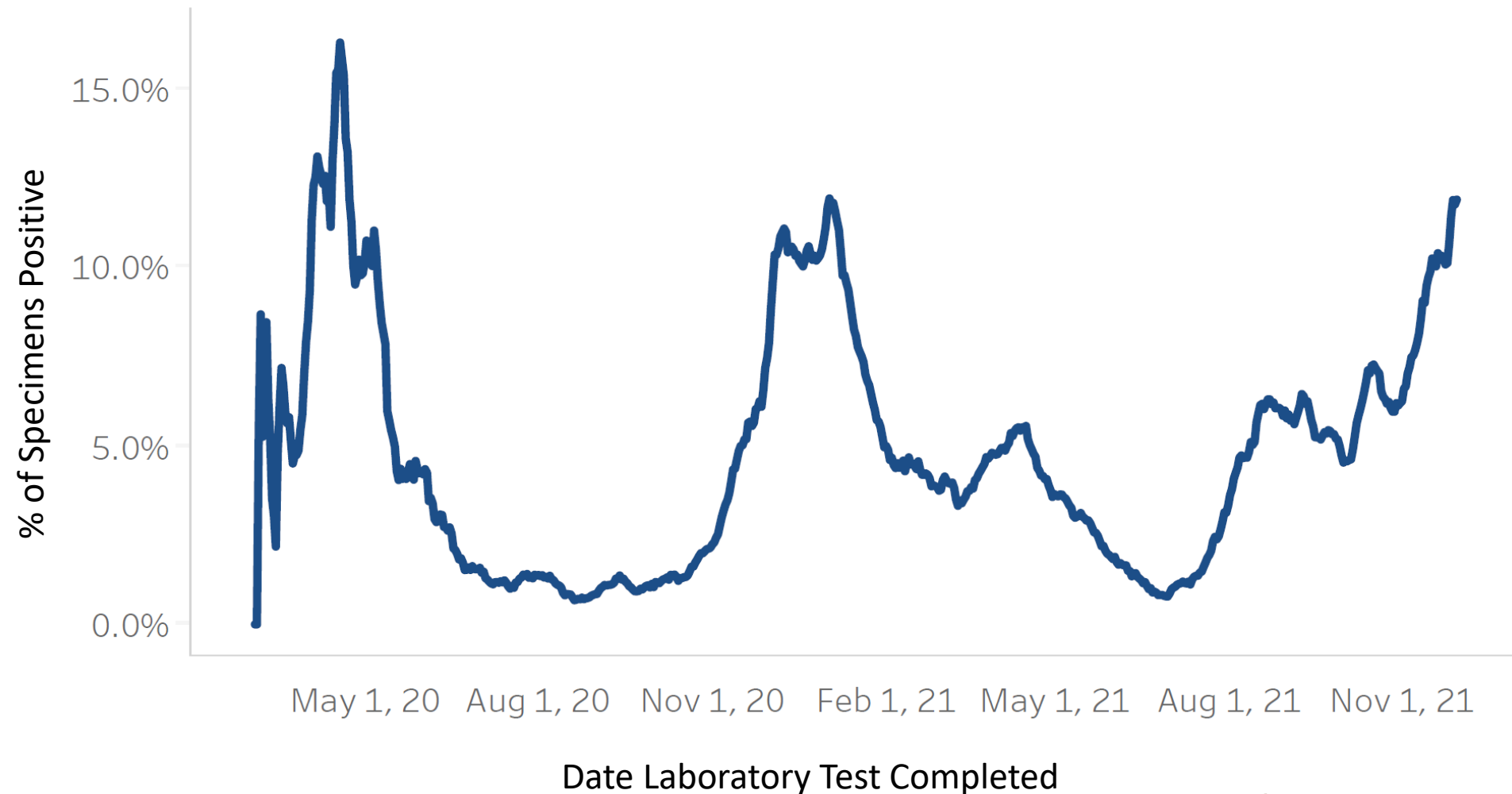
Epidemiology Update

Number of New COVID-19 Cases per Day in NH (All Ages)



<https://www.nh.gov/covid19/dashboard/overview.htm#dash>

% of Tests (Antigen and PCR) Positive for COVID-19 (7-Day Average)



Level of Community Transmission in NH

Statewide
Level of
Transmission

Substantial

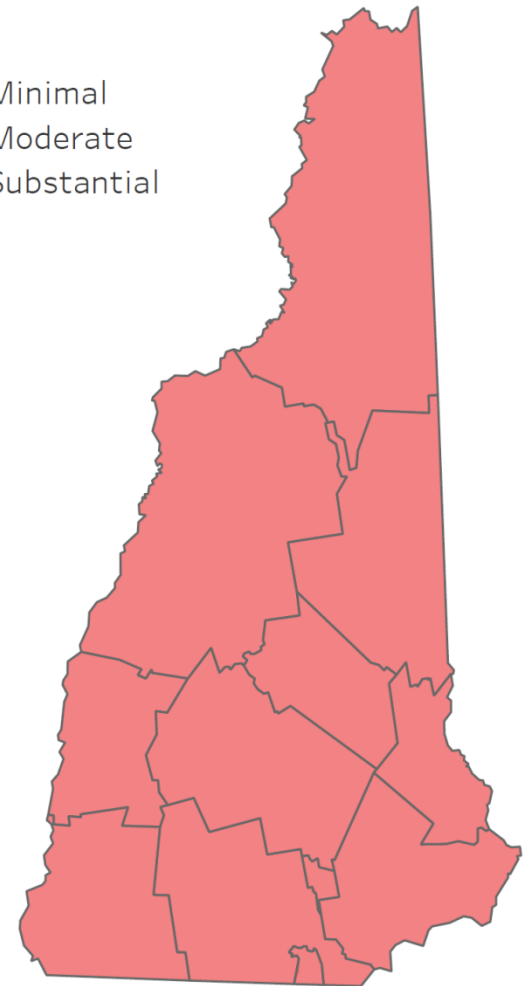
New Cases per 100k
over 14 days

990.1

7-Day Total Test
Positivity Rate

11.9%

Minimal
Moderate
Substantial



Data as of: 11/30/2021

<https://www.covid19.nh.gov/dashboard/schools>

K-12 School Clusters/Outbreaks in NH

School Year	Total # Clusters	Total # of Infections Associated with Clusters	Total # of <u>Students</u> Associated with Clusters (%)	Total # of <u>Staff</u> Associated with Clusters (%)	Average # of Infections per Cluster
2020-2021 (Entire School Year)	110	693	464 (67%)	229 (33%)	6.3
2021-2022					
As of Oct 6 th	97	737	669 (91%)	68 (9%)	7.6
As of Oct 20 th	141	1,400	1,234 (88%)	166 (12%)	9.9
As of Nov 3 rd	181	1,724	1,517 (88%)	207 (12%)	9.5
	+81	+920	+801	+119	+0.6
As of Nov 17 th	262	2,644	2,318 (88%)	326 (12%)	10.1

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As of Dec 1 st	313	3,326	2,926 (88%)	400 (12%)	10.6

+51

+682

+608

+74

+0.5

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- There are currently 124 active K-12 school clusters, with an average cluster size of 12.4 cases per cluster.

Childcare Clusters in NH (July 2021 – Present)

Time Period	Total # Clusters	Total # of Infections Associated with Clusters	Total # of <u>Children</u> Associated with Clusters (%)	Total # of <u>Staff</u> Associated with Clusters (%)	Average # of Infections per Cluster
As of 10/20/2021	34	229	161 (70%)	68 (30%)	6.7
As of 11/3/2021	40	321	216 (67%)	105 (33%)	8.0
As of 11/17/2021	46	384	251 (65%)	133 (35%)	8.3
As of 12/1/2021	56	480	324 (67.5%)	156 (32.5%)	8.6

- There are currently 16 active childcare clusters, with an average cluster size of ~10 cases per cluster.

Testing Update

At-Home Testing Programs



NH DIVISION OF
Public Health Services

Department of Health and Human Services



In-home Antigen Testing Program

Say Yes! COVID Test

Say Yes! COVID Test Program

- ▶ No-cost antigen at-home testing program
- ▶ Available through partnerships with:
 - National Institutes of Health (NIH)
 - Centers for Disease Control and Prevention (CDC)
- ▶ Supporting partners:
 - Quidel
 - CareEvolution
 - Amazon
- ▶ Antigen Based Test
 - Quidel QuickVue At-Home OTC Covid-19 Test



Say Yes! COVID Test Program (continued)

► Intended uses

- People with or without symptoms may use these tests
- Approved for anyone 2 years old and older
 - Manufacturer recommends an adult collect the sample for children 2-14 years old

► Results

- Available in approximately 10 minutes
- Instructions on how to interpret the results are provided in the test instructions

► Reporting

- Reporting the results is voluntary
- Digital Assistant may be used to transmit results on the Say Yes! COVID Test website by clicking [here](#)

Say Yes! COVID Test (continued)

► Ordering the antigen tests

- Direct-to-consumer method
 - Delivery to NH addresses only
 - Current supply is exhausted
 - Working to procure additional tests
- Community partners may distribute these tests
 - Schools
 - Federally Qualified Health Centers (FQHCs)
 - Homeless shelters
 - Eligible locations may go to [this link](#) to place an order
 - Limited number of kits is available for each location
 - Tests may be picked up at the DHHS warehouse in Concord

In-home PCR Testing Program

Vault Medical

In-home PCR testing program

- ▶ Free in-home, saliva-based PCR testing program through Vault Medical Services
- ▶ Intended uses
 - People with or without symptoms
 - People 6 months and older
 - Ships to NH addresses only
- ▶ Accessing these tests
 - Direct-to-consumer model
 - Community partners may distribute these tests as well
 - Schools
 - Daycares
 - Federally Qualified Health Centers (FQHCs)
 - Homeless shelters
 - Public Health Networks
 - Local Municipalities (Police, Fire, EMS agencies)

Vault Medical Services PCR Test (continued)

- ▶ How to order a test
 - **Direct-to-consumer model**
 - Individuals should order through [Vault Medical Services](#)
 - Create an account with an email & the patient's name (preferred method)
 - Updates and results are provided by email
 - The same email may be used for different accounts
 - For individuals ordering a test for a family member
 - The test will be mailed via expedited UPS shipping
 - Limit of 1 test/person
 - once the test is resulted, another test may be ordered

Vault Medical Services PCR Test (continued)

- **Community Distribution Points**

- Eligible agencies may order tests through [Vault Medical Services - distribution website](#)
 - Tests may be distributed at the agency's discretion
 - Orders will ship directly to the community site
 - Quantities are subject to supply availability
- The end-user will create a Vault account to link the specific test with their account

Vault Medical Services PCR Test (continued)

► Testing process

- Instruction card provided in the testing package
 - Place the saliva sample in Vault's specimen collection tube
 - Vault Customer Care (800-800-5698) is available to assist individuals having difficulties collecting a sample
 - Replace the cover on the tube (releases neutralizing agent)
 - The neutralizing agent kills the live virus & stabilizes the specimen
 - The specimen is viable for up to 14 days when stored at -112 to 104 degrees Fahrenheit
 - Place the specimen in the self-addressed, postage-paid envelope
- Return to a UPS drop-box
 - Locations can be found using the [UPS locator tool](#)
 - Do not use a pharmacy UPS drop-box as this creates shipping delays
 - Vault customer care is available to assist with pick-up options

Vault Medical Services PCR Test (continued)

► Results

- Sent to the email provided when the account was created
 - If an email was not entered, Vault Customer Care will call the patient with results
- Available within 48 hours
- Results will be confidentially reported through the secure Electronic Laboratory Reporting (ELR) system to the New Hampshire Division of Public Health Services as required by law

At-Home Testing Options Summary

- ▶ **Antigen Test**
 - **QuidelQuickVue At-Home OTC Covid-19 Test**
 - ▶ **Limited quantity available for eligible locations**
 - ▶ **Results within 10 minutes**
 - ▶ **Reporting is voluntary**
- ▶ **PCR Saliva Test**
 - ▶ **Ship to home**
 - ▶ **Available to eligible locations for local distribution**
 - ▶ **UPS return envelope included in kit to drop off at local UPS drop-box**
 - ▶ **Results within 48 hours of arriving at the lab**
 - ▶ **Reporting through ELR**

Say Yes! COVID Test

Vault Medical Services

Electronic COVID-19 Reporting

Reporting Individual Cases to NH Public Health

Please report single cases:

- Your report may be the only way we know a “case” is associated with your facility
- NH RSA 141-C and He-P301 mandate reporting of suspect and confirmed cases by healthcare providers and labs. If a school is conducting testing, the school is considered the reporting provider
- Report by either:
 - Calling 603-271-4496
 - Completing the [COVID-19 Case Report Form](#), fax to 603-271-0545
 - **NEW: electronic case report form (eCRF)**

Information needed:

- Name of person
- Date of birth
- Home address
- Parent name and phone number
- Name of school
- Date of symptom onset
- Date of test (and test type, if known)
- Date person was last onsite (i.e., was the person onsite at the facility in the 14-days before symptom onset/test date?)



Reporting Individual Cases to NH Public Health

Electronic case report form (eCRF):

- Another mechanism to report individual positive cases (PCR and Antigen) from educational settings.
 - This includes tests performed at home, at schools, or staff/students that report positive test from other location.
- The eCRF is secure web-based link that will allow users to directly enter a *single case* into our disease surveillance database.
- NH DHHS Piloted with several schools and implemented changes following feedback from those institutions.
- Anyone designated at a school can report a case (e.g., school nurse, administrator, administrative staff).
- We are asking schools not share this link directly without contacting and asking DHHS.

Reporting Individual Cases to NH Public Health

Electronic case report form (eCRF) Tips and Functionality:

- A new link will need to be opened each time (no next button)
- Users cannot fix errors or add details once a form is submitted.
 - If this does occur, you will need to contact NH DHHS at 271-4496 or email casecoordinationmanagement@dhhs.nh.gov.
- Please complete the form to best of your ability.
 - Demographics (name and DOB), test, and vaccine information are critical for DHHS staff to process the form.
- Several fields are required before you can submit (test information, name, and DOB). These are indicated with a red triangle symbol. 
- There are 'tooltips' that provide some instruction or further detail. These are blue circles with an 'i'. 
- The form will lock out after a period of inactivity. It will not save or submit unless you click the 'Validate' and 'Submit' button.

Instructions

Thank you for taking the time to complete this form. It is important for us to gather this information to understand the current outbreak and to prevent further illness. Please complete this form for positive COVID-19 cases identified, including individuals tested at home and reported to the school nurse, if tests were conducted at the school, or tested elsewhere. We understand that you may not have all information at the time of the report. Critical elements are demographics, setting (e.g., school), onset information, if associated with an outbreak, and laboratory information.

Additional information not on this form can be entered into the bottom section Notes

For more information or questions about reporting, please contact CaseCoordinationManagement@dhhs.nh.gov, 603-271-4496, or visit: <https://www.covid19.nh.gov/resources/general-provider-covid-19-resources-and-information>.


Date of Report

General Information

Last Name

First Name

Race

Gender Identity 

Date of birth

Sex

Ethnicity

Other Gender


Address


City

County

State

Zip Code

Phone 


Alternate Phone 

Email 


☐ Please check if individual is an out-of-state resident?


Select Patient Status 


If other, specify:

Educational Facility Type 

Other facility type, please specify:

School, University, or Daycare Name 

SAU (if applicable'known) 

Town facility located 

Illness Information

Dates

Symptomatic?

Date of symptom onset

Was the individual onsite during time of their infectious period?

Was individual onsite in the past 14 days prior to symptoms or test date (incubation period)?

☐ Check if individual is associated with an outbreak or a cluster?

If yes 'part of outbreak or cluster', please specify setting or location.

Laboratory Testing

Where was individual tested?

Other testing location:

Test Result

Collection Date:

Specimen Source if known

Please select lab testing type

If antigen please select type from list (if known)

Other antigen type

Vaccination Information

Vaccinated for COVID-19? (If applicable age category)

Vaccine Type/formulation

Date of 1st vaccine dose

Date of final vaccine dose

Date of additional dose(s) or booster dose if applicable.

Booster vaccine type

Health Care Provider/Reporting Information

Person/School Nurse Reporting

First Name

Last Name

Phone number


Email address

Everything below is optional but is requested if possible.

Everything below is optional information that can assist with understanding COVID-19 transmission, populations affected, and changing epidemiology. Please provide if individual reporting has the information.

Signs and Symptoms

Please check if patient experienced any of the following signs and symptoms.

Abdominal Pain	Chest Congestion	Chest Pain	Chills
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cough	Diarrhea	Fatigue/Extreme Tiredness	Fever 
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Headache	Loss of smell	Loss of taste	Muscle Aches
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nausea	Sinus Congestion	Runny Nose	Shortness of Breath
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sore Throat	Vomiting	Other specify:	Other Symptom:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Outcome/Hospital Information

Was the patient hospitalized for their illness?

If yes, name of facility where patient received care

Reason for testing: check all that apply within 14 days prior to diagnosis or specimen collection date if asymptomatic.

International/Domestic Travel

Contact to a case

No known risk factors

Please indicate any additional risk information not listed here in the notes section at the bottom of this form.

Additional Notes Section

Please add additional notes or comments here (e.g., details of case, additional information not captured above)

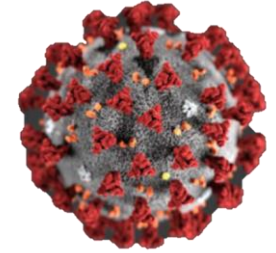
To request the eCRF link

1. Contact NH DHHS and provide the following information:
 1. Please call 603-271-4496, please press 3.
 - OR
 2. Email NHAntigenReporting@dhhs.nh.gov.
2. To streamline your request, please provide your name, role, facility(s) name, contact information (email and phone).
3. During the eCRF roll-out:
 1. We ask for your patience since we are rapidly expanding this option from a small pilot to a large number of users.
 2. We ask that you continue to report as you have been until you receive the link.
 3. Please don't hesitate to contact us if you have feedback to make the form more user friendly for future iterations.

Q&A

Education and Childcare Partner Calls

- 1st and 3rd Wednesday of each month from 3:30-4:30 pm
- The Wednesday 12/15 webinar/call is being cancelled
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